



GAU 1655

Patent
249/127

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Dr. Paddy Jim BAGGOT

Serial No.: 09/499,006

Filed: February 4, 2000

For: TREATMENT OF CHROMOSOMAL
ABNORMALITIES IN FETUSES
THROUGH A COMPREHENSIVE
METABOLIC ANALYSIS OF AMNIOTIC
FLUID

) Group Art Unit: 1655

) Examiner: D. Johannsen

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AMENDMENT TRANSMITTAL

Box Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment for the above-identified application.

OC-78698.1

CERTIFICATE OF MAILING
(37 C.F.R. §1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

April 04, 2001
Date of Deposit

Adriana Mojarrro

Name of Person Mailing Paper

Adriana Mojarrro

Signature of Person Mailing Paper

Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY	RECEIVED
1 month	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$110.00	
2 months	<input type="checkbox"/> \$195.00	<input type="checkbox"/> \$390.00	APR 11 2001
3 months	<input checked="" type="checkbox"/> \$445.00	<input type="checkbox"/> \$890.00	
4 months	<input type="checkbox"/> \$695.00	<input type="checkbox"/> \$1,390.00	TECH CENTER 1600/2900
5 months	<input type="checkbox"/> \$945.00	<input type="checkbox"/> \$1,890.00	

An extension for _____ months has already been secured and the fee paid therefor of _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this Request \$445.00.

If an additional extension of time is required, please consider this a petition therefor.

FEES FOR CLAIMS:

Applicant claims small entity status pursuant to 37 CFR 1.27.

The fees for claims (37 CFR § 1.16(b)-(d)) have been calculated as shown below:

Total Claims	14	-	20	=	0	x	\$18.00	\$0.00
Independent Claims	3	-	3	=	0	x	\$80.00	\$0.00
Multiple Dependent Claims	\$270	(if applicable)				<input type="checkbox"/>		\$0.00
TOTAL OF ABOVE CALCULATIONS								\$0.00
Reduction by ½ for Filing by Small Entity.								\$0.00
Note 37 CFR §§ 1.9, 1.27, 1.28.								<input type="checkbox"/>
TOTAL FEES FOR CLAIMS SUBMITTED HEREWITH								\$0.00

A check in the amount of \$445.00 is enclosed to cover the above fee(s).

Charge Lyon & Lyon's Deposit Account No. 12-2475 in the amount of _____.

The Commissioner is authorized to charge Lyon & Lyon's Deposit Account No. **12-2475** for any fees required under 37 CFR §§ 1.16 and 1.17 that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayments to said Deposit Account **12-2475**.

Respectfully submitted,

LYON & LYON LLP

By: Paul Veravanich
Polaphat Veravanich
Reg. No. 45,179

Dated: April 4, 2001

633 West Fifth Street, Suite 4700
Los Angeles, California 90071-2066
(213) 489-1600 or (949) 567-2300

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